

Grace and Compassion Benedictines

Montana Residential Home

Inspection report

East Barton Road
Great Barton
Bury St Edmunds
Suffolk
IP31 2RF

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Montana Residential Home provides accommodation and personal care for up to 19 older people some of whom may be living with dementia. At the time of our inspection there were 16 people using the service. The service is set over one floor and is situated in the village of Great Barton on the edge of the town of Bury St Edmunds in Suffolk.

Montana Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This comprehensive inspection took place on 18 May 2018 and was unannounced. The provider, Grace and Compassion Benedictines, is a Catholic organisation and the home is connected to a convent however all are welcomed regardless of their faith or background. The staff team was made up of Nuns (Sisters with the Grace and Compassion Benedictine) and 'lay' staff. When we refer to care staff in the report we are referring to both the Nuns and the care staff.

At our last comprehensive inspection in July 2015 we rated the home as Outstanding in the key question of caring and Good in the four other questions that we ask. In line with our methodology we rated the home as Good overall. At this inspection we found that the home had developed further. We have rated the service Outstanding in caring, responsive and well-led making the overall rating for the service Outstanding.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was highly visible and approachable and enabled and empowered staff to deliver high quality care and to seek advice from her if needed. The registered manager had excellent knowledge of the home and the people living there in order to ensure that people had their preferences met. Staff enjoyed working at the home and spoke positively about the registered manager and their strong leadership style and their oversight of the home. Staff displayed they delivered exceptional care, compassion and empathy that showed all people mattered and were important. People who used the service commended the outstanding quality of care they received.

People received exceptionally personalised care and support which they were in control of. Activities were planned by staff and volunteers who worked closely with people to establish their individual and unique preferences. There was an exceptionally strong ethos within the home of treating people as individuals and with respect. People were at the forefront of their care. Information was given to people about how to raise any concerns they may have and where concerns were raised these were dealt with speedily and in detail. People's individual religious and spiritual needs were recognised and met. The care people received at the end of their lives was exemplary. Staff were passionate about providing the best, most compassionate and

respectful end of life care to people and demonstrated that all people who lived and died at the home mattered and were important

People's medicines were managed safely and people received their medicines as prescribed. People received support and treatment from health professionals when needed.

There were sufficient staff to meet people's needs in a timely and responsive manner. Staff were provided with regular training and were supported by their colleagues and the registered manager to do their jobs effectively. Staff were provided with effective support when they started work at the home. New staff received an induction to the home and training that gave them the knowledge and skills to meet people's needs effectively.

People enjoyed the food provided and staff, including the cook, demonstrated a good knowledge of people's dietary requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

There were suitable and sufficient care staff to promptly give people all of the care they needed and requested.

People were supported by staff that had been recruited safely with appropriate pre-employment checks.

People received their medicines safely and as prescribed.

Is the service effective?

Good ●

The service was effective

Staff completed training to ensure they had the right skills and knowledge to support people effectively.

People were supported to eat and drink enough to maintain a balanced diet.

People had access to healthcare professionals to maintain their health and wellbeing.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

Is the service caring?

Outstanding ☆

The service was very caring

Staff treated people with compassion, kindness, dignity and respect.

People's privacy was consistently respected and promoted.

People were supported and encouraged to express their views and be actively involved in making decisions about their care and support.

Is the service responsive?

The service was extremely responsive.

People received highly personalised care that was responsive to their needs.

People were offered meaningful and person centred choices of activities both in the home and the wider community.

There was a very robust system in place to manage complaints. People and their relatives were confident any complaints would be listened to and taken seriously and action taken where needed.

People received the end of life care and support which met their individual needs and preferences.

Outstanding 

Is the service well-led?

The service was very well-led

Excellent leadership was demonstrated.

The registered manager provided direct leadership which inspired staff to provide a very high quality of care.

Detailed quality assurance systems monitored people's safety and welfare on a continuous basis and supported the delivery of outstanding care to people.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

Outstanding 

Montana Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 18 May 2018 and was unannounced. The inspection team consisted of an inspector and an 'expert by experience'. An 'expert by experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We also sought views from commissioners who funded the care for some people and the local authority's Provider Support Team.

We looked at the care records of three people in detail to check they were receiving their care as planned. We also looked at other records including two staff recruitment files, training records, meeting minutes, medication records and quality assurance records. We spoke with nine people who live at the service, five members of care staff, the cook and the registered manager. We spoke with relatives of four people currently living in the service. After our visit we were contacted by a further 19 relatives and family members all wanting to share their positive experiences of the home. We also had contact with five healthcare professionals to seek their feedback.

Is the service safe?

Our findings

At our last inspection in July 2015, we rated this key question Good. At this inspection we found that the home had sustained this rating.

People who lived at the home told us they felt safe. One person said, "The doors are locked and alarmed, there are security cameras around, staff are always around. I've got a buzzer to ring and they [care staff] come immediately." Another person told us, "I always wear the alarm [call bell] and if I press it I know I will get some help, I find them helpful, I feel safe at night, especially at night with the sisters and in the day time someone is around."

Staff understood the different kinds of abuse to reduce the risk of harm to people. Staff knew who to report any concerns to and had access to the whistleblowing policy. Staff told us they were confident that if they had any concerns, they would be dealt with appropriately.

Each person's care plan contained information about their support needs and the associated risks to their safety. Guidance was in place about any action staff needed to take to make sure risks to people were reduced. Staff we spoke with had a good understanding of people's risks and the plans in place to manage these. The records we viewed confirmed what staff told us and we observed that the risk assessments in place were followed by staff when they supported people. This meant people were protected from the risk of harm because their risks were managed and mitigated.

Everyone we spoke with told us there were enough staff on duty to keep them safe. One person said, "I call out, I don't wait long, everything is alright." Another person told us, "I wear a pendant all the time and if I have reason to ring it I know someone will come and come very quickly, the longest time is still okay. I have never become desperate waiting. I get all the attention I want."

During our visits, we saw that there were sufficient numbers of staff available to spend quality and relaxed time with people. Staff were not task orientated and we observed numerous times throughout our visit where they had time to interact with people. A relative contacted us to tell us how the registered manager also helped out to ensure people always had their needs met. They said, "[Registered manager] is always available in any eventuality. From running a very busy office, helping in the dining room, to answering quietly but speedily, any [person] who buzzes for help if it is not answered after two rings."

Records were kept of every call bell that sounded and the length of time taken. We viewed these records and saw that they confirmed what people, their relatives and staff told us; that people had their needs met in a timely manner.

The provider continued to have appropriate recruitment procedures in place, which ensured staff were suitable to support people who lived at the home. We made a suggestion to the registered manager about adjusting application forms to be clearer about applicants work history. The registered manager took this on board and made the necessary changes during our visit. Disclosure and Barring Service (DBS) checks had

been undertaken. A DBS check is a criminal records check on a potential employee's background. The provider checked potential staff's previous employment history, their identity and obtained references about them.

Medicines were securely stored in a locked medicine cabinet which was accessed by designated staff only. One of the care staff held the keys securely with them at all times. Staff administering medicines had completed relevant training and had been assessed as competent by the registered manager. We carried out an audit of medicines and found that the medicines in stock matched the amount recorded on the Medicine Administration Record (MAR) chart.

Some people were prescribed medicines only to be taken when they needed it (often referred to as a PRN medicine) and they had a plan in place to guide staff about when this medicine should be given. The MAR charts included a picture to enable staff to ensure they had clearly identified the person. We noted that the MAR charts had been completed correctly and in full. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied. This meant that medicines were managed safely and administered as the prescriber intended.

Systems were also in place to help reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) by staff. Hand sanitizer were available for people, staff and visitors and clearly showed the date of opening which helped the registered manager to monitor usage. Staff received training in infection control and were clear of their role in this. We observed staff hand washing at frequent intervals and using appropriate hand sanitisers that were well stocked and available. We spoke with the staff working with the laundry at the home, they were very clear about the infection control procedures in place saying, "Dirty things go sink side and clean that side, we keep them separate, [soiled] sheets are put into red bags and kept separate."

Improvements were made if things went wrong, the registered manager and staff learnt from this and used the information to make improvements to the quality of the service. People, relatives and staff felt involved in the service and said they felt the registered manager was extremely approachable and acted on issues without fail if things went wrong.

Is the service effective?

Our findings

At our last inspection in July 2015, we rated this key question Good. At this inspection we found that the home had sustained this rating.

People's needs and choices had been assessed in line with current legislation and good practice guidance. The registered manager met with people before they moved to the service to discuss their needs and to begin formulating a care plan in conjunction with them.

Everyone we spoke with said that the staff had the right skills to support them. People's relatives also spoke highly of the skills that staff at the home had. One relative told us, to achieve the highest standard of care for her [people], [registered manager] ensures her support staff of Sisters and lay staff are well motivated, adequately trained and provided with every facility and equipment needed."

When new staff started working at the home they undertook an induction so they were aware of what was expected of them. The induction included completing training, shadowing more experienced colleagues, and working towards The Care Certificate. The Care Certificate should be prioritised by employers for new staff, however the registered manager told us that to ensure all staff were well trained, regardless of their length of service and qualifications, they all undertook The Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected.

Staff continued to have ongoing access to a range of training which helped them to meet people's needs and fulfil their job role. This included training in health and safety issues, medicines, moving and handling as well as nationally recognised qualifications in care. One member of staff told us, "I had an induction and then training in moving and handling, medication, dementia, challenging behaviours and general care of [people]."

People were complimentary about the food they received and said there was always a choice of meals. One person told us, "The food is very good, I can have salad, soft boiled eggs, I don't like mash so they do boiled potatoes for me. I just thanked the cook it was perfect." Another person said, "There is always choice of main meal. On Saturdays we have a genuine Indian curry which is very nice." A third person said, "You can have a cooked breakfast, porridge and toast every day if you want. Teatimes I can have beans on toast, sausage rolls and tomatoes, salads, not just sandwiches." And a fourth person, "The food is satisfying, well cooked, unostentatious, simple food, nicely cooked and well presented."

We observed the lunch time meal experience. Tables were nicely laid with the addition of linen napkins and a wide range of condiments on each table. The atmosphere was calm and sociable. Staff supported people when needed and spoke softly so as not to intrude on people's meal. Immediately after finishing the main course one person said, "Lovely salmon and good for the brain. It was very good." People were offered a choice of hot or cold drinks to have with their meal and a selection of desserts was available afterwards.

We saw that people were offered regular snacks and hot or cold drinks. The cook had a good understanding about people's individual needs and specialist diets, such as fortified diets. People's nutritional needs had been assessed and recorded. We saw that food and fluid intake was recorded where needed and that action had been taken when people's weight or intake had changed. One person living at the home who was at risk of weight loss due to a health condition was supported to have their food fortified with additional calories. On each table in the dining room was a laminated menu card letting people know and reminding them that numerous drinks and snacks were available to them 24 hours a day including fruit, toast, biscuits, cheese and biscuits, sandwiches. This helped to ensure people had access to the food and drink at the times they chose.

The registered manager worked with healthcare professionals to ensure people's specific nutritional needs were fully identified and met. One of the healthcare professionals told us, "The advice that I have issued is adhered to. The team have delivered [specific] training and updates to Montana House on a regular basis. If the staff at Montana have concerns regarding [people] they will always ring the department for advice."

The staff had built good links with healthcare professionals including the local GP's and healthcare teams. This helped to ensure that people's healthcare needs were met. People's health care needs were documented in their care plans and the service supported people to access healthcare professionals as needed. Records showed people had access to various healthcare professionals including GP's, dentists, chiropodists, district nurses and dieticians. One person's relative told us about how their family member received effective healthcare support. They told us, "They always seem to pick up when [person] is under the weather very quickly and call in the doctor." Another person said, "They are very helpful with us and got the doctor out and changed [person's] medication, which have helped calm [person] down, they contact and email – brilliant communication."

The building was suitably adapted to meet the needs of people living there. Everybody had their own bedroom which had been personalised to their specific taste and choosing. There was suitable shared space such as a lounge, dining area and additional quiet lounge where people could use the computer facilities. There was also a garden area that people could access as they wished and one person told us how they enjoyed sun bathing in the garden. A conservatory was used as a café area where people could entertain their guests. One person told us, "I have got a lovely outlook, I've got a double bed, double room and the tree I overlook is over 1000 years old. I fill the bird feeders around the home, water bowls and I've got a bird box on the tree."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people had been consulted about the care they received and had consented to its provision including all areas of care such as permission for staff to enter bedrooms, consent for photographs and consent to care. Staff were seen actively seeking people's consent throughout our visit. The registered manager was aware of any relatives with Lasting Powers of Attorney that have bearing on the decision making where a person did not have capacity to make a specific decision.

Is the service caring?

Our findings

At our last inspection in July 2015, we rated this key question Outstanding. At this inspection we found that the home had sustained this rating. People continued to receive remarkably good care. Without exception we were told about the exceptional quality of the care provided by the staff team.

People and their relatives continued to speak exceptionally highly about the care they received Montana Residential Home. The service was extremely caring and supportive to people and their relatives. People who used the service unanimously told us the staff were extremely caring, compassionate, courteous and dedicated in their approach.

People's relatives were similarly complementary about the care at Montana Residential Home and many took the time to contact us immediately after our visit to tell us how highly impressed they were with the care their family member was receiving. One person's relative told us, "My [family member] has been a 'resident' there for the past few years and I can genuinely say that [person] could not be looked after better. The care and compassion shown by the staff is beyond expectations." Another person's relative said, "[Family member] was very well looked after and happy. I visited regularly and the welcome was always very warm and caring. It really was like home from home, always clean and tidy, nothing was ever too much trouble." A third relative commented, "They are so caring and professional and with warmth. It's not just a job." A fourth relative said, "It's more than a cut above the rest here!"

We saw that at all times staff demonstrated empathy and understanding of each person's individual needs. Interactions with people were gentle, caring and focussed on the individual. So many people and relatives commented on the sense of 'living with family' they got from living at the home. They told us about how they felt treated with the upmost respect which also extended to their belongings and environment. One person's relative told us, "It's the respect of people's belongings, look in the drawers, [family member's] clothes are even respected, they are all folded up in the drawers so neatly and with care. Respect again, look they place a tissue over the top of [family member's] drink when they leave it on their table."

People continued to be treated with warmth, kindness and compassion and staff had time to sit with people and chat to them. A relative told us, "You don't see care staff standing around chatting here. They are with people." A member of staff commented, "I love my job, it's an absolute pleasure to be with people."

People's religious and cultural differences continued to be respected by staff. One person told us, "It's wonderful here, unquestioning, I am a [religion] and they did not question it, they are totally accepting for who we are." A convent was adjacent to the care home and some of the sisters worked within the home. The registered manager told us that although Montana Residential Home was a Catholic home they warmly welcomed people from different faiths and people with no religious faith. We spoke to people who both had and did not have a faith and found that their wishes and choices were respected. Those who did have a Catholic faith told us they continued to find it very comforting to have an onsite chapel where mass was celebrated. The registered manager had recognised that some people who were being cared for in bed still wished to be part of the service held at the home however couldn't because of their care needs. As a result,

and to ensure they could still be part of the service, the registered manager had arranged for cameras to be installed in the chapel which could 'stream' the live service to people's bedrooms or the communal lounge. As well as the regular Catholic services the registered manager and people told us that an Anglican service was also held at the home, this enabled people of other religions to attend a service. This inclusive approach enabled people, regardless of their care needs, to have their preferences met.

People continued to be fully involved in their care and felt that they and their views mattered and that their wishes were taken into consideration. One person who used the service told us, "With my care plan I am asked to read through it monthly and sign and date it. They asked me 'Is this to your approval? Is there anything you want added it?' It is fitting and done to a high standard here."

People's care plans were highly focused on what they could do and how staff could help them to maintain their independence. Staff told us they were extremely committed to supporting people to retain as much autonomy and independence as possible. One member of staff said, "I offer choice at all times and encourage people to still do things for themselves. Even when someone is being cared for in bed, I ask them would you like to wash your own hands and face. I will offer a choice of three nighties and we will talk about the weather and then encourage them to choose whether they wish to wear one with sleeves or not. [Person] likes their bed covers dead straight and tucked in so I always make sure they are like that."

Where people needed some help and support and they had no immediate family to help them information about advocacy services was available. The registered manager told us that no one currently needed the support of an advocate. A discussion with the registered manager showed the home was aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of a care home.

People were supported by staff and a management who had created a strong ethos promoting privacy and dignity. We observed staff without fail consistently not only knocking on people's bedroom doors but waiting outside whilst giving the person plenty of time to respond. The volume of the sound when knocking on doors varied according to people's individual needs and those who were unable to answer, still had their doors knocked, and staff would check verbally if it was okay to enter. One person told us, "Both the Nuns and the 'lay staff' knock on the door and ask if they can come in. They are friendly, chatty and make you feel thoroughly at ease, unobtrusive, it is quite remarkable here."

People's right to make their own choices were promoted and respected at all times. People were actively encouraged to make decisions for themselves and where they needed help and support to do so this was offered sensitively and according to the individual. One staff member told us, "We show pictures for instance [person] likes porridge and [cereal] so I take pictures of each and ask them what they would like, we ask at every meal and now [person] can answer us." Some people were being cared for in bed due to their frailty and all were regularly visited by staff or with their consent, volunteers, to ensure their comfort. People could choose to have their doors open or closed according to their preferences. We visited people being cared for in bed and saw they were comfortable, warm and well cared for. Records showed that a member of staff visited each person frequently to offer drinks, check if they required any personal care and to provide compassion and a friendly face. A relative told us, "Care staff have so much care to give."

Is the service responsive?

Our findings

At our last inspection in July 2015 we rated this key question Good. At this inspection we found that the home were now exceeding this rating and as a result we have rated this key question Outstanding.

Without exception people told us that staff were extremely responsive to their needs and preferences and that their care was inclusive and focussed on them. One person told us how their care was delivered exactly to their preferences and gave us an example, "They bring me a cup of tea at 06:50 in the morning, at my request." Relatives were highly complementary about the exceptional care and support their family member received. We contacted many healthcare professionals for feedback about the home and received many very positive comments. One professional told us, "The contact I have had with the Home has always been very positive and staff appear caring, respectful and compassionate. There appeared to be a calm and supportive atmosphere."

Records clearly showed people had their needs assessed before they moved into the home. This ensured the home knew it was able to meet their needs before they moved in. The detailed assessment had been used to create a personalised care plan. Care plans were well written, highly person centred and gave a good summary of needs and wishes, including how people liked their care to be provided and what they were able to do for themselves. Care plans were written in a way which put the person at the centre of their care and included people's preferences in finer detail including examples such as how many times a day they wished for their jug of water in their room to be changed. One care plan stated in a reminder to staff to be respectful towards people, 'this is their [people's] home and we are the intruders'.

Care plans provided a really detailed background to the person; a life story which covered their personal history such as their employment, family and hobbies. Care plans included a written history with important milestones in the person's life. This meant that anyone unfamiliar with the person would be able to gain a clear understanding of the person, their needs and their choices.

People received support that was highly individualised to their personal preferences and individual needs. One person who was being cared for in bed had a love of the outdoors and gardens. Their family requested that their bed be placed in the centre of their bedroom with a direct view over the gardens and countryside. This limited the space in the bedroom and meant staff needed to work in tighter space conditions however everyone did so for the benefit of the person. The registered manager ensured that this could be accommodated safely by purchasing a mat to cover the cables to the bed to ensure there were no trip hazards for staff or visitors. The persons' relative told us, "A window view was so important to [family member] it's what they had at home."

There was a warm and friendly atmosphere at the home and people were observed engaging socially with others. The registered manager and staff had a strong ethos of involving the community to be part of the home to enrich people's lives. The home had a team of 10 volunteers who organised social opportunities and spent considerable amounts of time every day at the home engaging with people. The volunteers were often the relatives of people who either lived at the home or who had passed away following being cared for

at the home. Such was their enthusiasm for the home that they continued to want to be a part of it. We met some of the volunteers during our visit and found they were highly passionate about ensuring that people had their individual needs met. We were told they had been running regular activities within the home for some time and we saw many people engaged with some of the opportunities with volunteers during our visit. A volunteer told us, "We have curry evenings. The sisters cook it, they do a take away service, and a sit down one and it goes down brilliantly with the community. The local school choir comes in at Christmas time. We have a 'bring and buy sale' and the local community come and support. We also have a summer barbeque. The people who live in the retirement flats next door to the home pop in and support events, and some come and read to [people]."

People had the opportunity to take part in activities that were individualised, meaningful and well thought out. The home was full of happiness and smiles and it was very clear from the laughter that people and staff were really enjoying themselves. People's relatives and staff told us that no one was left out regardless of whether they were being cared for in their bedrooms or could join in activities in communal areas. One relative told us, "[Family member is cared for in bed but they are not left out. They [staff] take a lot of care to make sure [family member] included. If there is a singer, the singer comes to [family members] room. If the Cub Scouts visit, they make sure they visit [family member] too."

A variety of activities were arranged each day within the service and people were supported to take part if they chose to do so. One person told us "We have resident meetings every three months, and at the beginning of the year we are asked where would we like to go on trips, who would we like to come and entertain us, it's our choice." The same person also said, "We have a film morning, scrabble with volunteers, the organist comes and plays the piano and sing. We have bingo, exercises they put on the tv screen for you to follow. We also do handicraft and make cards."

There was a large area of the home set aside as a library. This included a quiet reading area where people could spend time. The library was well stocked with hundreds of different books, all available to people to borrow and enjoy.

People and their relatives told that whilst there were organised activities at the home, they particularly appreciated the spontaneous approach of the registered manager and staff and their willingness and flexibility to react to people's requests or if, for example it was a sunny day and the weather was good. One person's relative told us, "[Registered manager] will contact me and say the sun is out, we're going to bake some cakes and scones and have afternoon tea, come and join us."

The registered manager and wider team had worked hard to raise money to fund a minibus for the home. This enabled people to expand their experiences wider than the immediate vicinity. The week of our visit there had been a spontaneous trip to the coast for people and staff to enjoy. One person told us, "We went out to Felixstowe this week. The weather was nice so they said let's go to the seaside! We've got our own mini bus, it was quite a spontaneous trip, [people] walked in the sea and some of the sisters went in for a paddle."

People were respected as individuals able to actively contribute to the running of the home. This was one which was not restricted to providing feedback but one where people enthusiastically and wholeheartedly were supported to take an active role within the home. One person told us, "I take [registered manager] to town in my car, she calls on me and I help run people in my car. The cook asked me to get some ingredients in town for her and I am happy to help out as they do so much for me." The person also told us, "If I am going out I put a note on the door to tell them what I am doing." They showed us 27 different notes that had been prepared so they could retain their independence whilst also enabling care staff to ensure their safety

when they left the home.

People's relatives and friends told us that they were able to visit whenever they chose and were warmly welcomed at the home. Relatives could use the new café area in the conservatory where there was cake and biscuits on offer and tea and coffee making facilities for anyone who wished to use it. People were able to maintain relationships with those who mattered to them and avoid social isolation. Where people's family and friends lived far away or where they were unable to visit the person regularly, they were able to use electronic devices to contact and see them. The service had utilised modern technology to reduce people's dependency on staff and afford greater privacy, for example, Wi-Fi had been installed to allow people to privately access the internet and correspond with others through email and other social media. Where people had consented to do so, the registered manager supported them to keep in touch with their family members through a social media app than enabled instant messaging. Many family members told us how they valued this form of communication as it enabled them to stay in touch at all times.

People who lived at the home received care and support that was highly personalised to their individual needs wishes and aspirations. Without exception people and their relatives credited their good health and longevity to the exceptional care they received at Montana Residential Home. Several people's relatives told us that their family member had moved to Montana Residential Home expecting to receive end of life care when in fact they had received such excellent care which had surpassed expectations and resulted in their end of life diagnosis being stopped. One relative told us, "[Family member] was terribly ill and we didn't think they would 'pull through' even with the care and love around them. The doctor told us [family member] wasn't going to make it but they [registered manager and staff] carried [family member] through. It was quite something." Another relative told us, "If [family member] was anywhere else other than here they would have died." A member of staff told us about another person who was admitted to the home to receive end of life care and expected to live for a couple of weeks. The member of staff told us, "Over two years later they are still with us, it's remarkable. They've been taken off end of life care now." A third relative commented, "[Registered manager] has been exceptional in ensuring that she keeps us up to date with any medical or other issues. [Family member] had become very unwell in the New Year and they were cared for beautifully at that time, with gentle and considerate attentiveness."

The registered manager and staff had a constructive and transparent approach to complaints. Complaints were viewed positively and as an opportunity to address any changes needed. People and their relatives that we spoke with told us they would not hesitate to make a complaint, should they need to do so however many also told us that such was the oversight of the home by the registered manager they didn't feel they would ever have to. One person told us, "They [registered manager and staff] are kind and deep thinking. [Registered manager] gives out the orders if it's not right, but it doesn't get wrong in the first place." One relative told us about a complaint they had raised, they told us it was dealt with speedily and to their satisfaction with the desired outcome fully met. Another relative told us, "If something is not right [registered manager] would act but to be honest it would never not be right in the first place because [registered manager] would be all over it." A third relative commented, "We have got no complaints, [family] is getting the best care they can and are made to feel involved. They had someone reading to them this morning, Father comes to bless her, [family member] had a birthday cake and six or seven of them came and sang happy birthday around their bed."

The registered manager and staff at Montana Residential Home were very clearly passionate about providing the most compassionate and respectful end of life care to people. People had recorded their wishes for when they approached the final stages of their life. These were clearly recorded and stated in their care plan and staff had knowledge of individual preferences. Evidence showed that people and their relatives and relevant professionals where necessary had been involved in the plan. The plan included

people's Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status. Their decision as to where they wanted to die and how pain was to be managed.

A number of relatives who had family members who had passed away at Montana Residential Home contacted us to tell us about the exceptional end of life care their loved one had received. One relative told us, "My [family member] died at Montana Residential Home. There was marvellous communication, they were so good really empathetic. [Family member] had a good death, they completely took their wishes into consideration. The whole team was supportive and I would give a special thanks to the cook who would bring me a cup of tea as I sat with [family member] at the end." Another relative contacted us to say, "I cannot speak highly enough of the care and attention that my [family member] received at Montana following [illness] and their expected death. [Registered Manager] and the staff were exemplary and make my [family members] final months a haven of peace and cleanliness." A third relative contacted us to say, "I have been a volunteer since my [family member] died, and cannot praise the [registered manager] and all the staff for their dedication to all [people], the families and friends. It is a pity there are not a few more homes like Montana where people can live with dignity and compassion at the end of their lives." A fourth relative contacted us to say, "I was just so grateful when [registered manager] agreed to bring [family member] back to Montana. [Family member] needed almost 24 hour non-stop care. The [staff] were amazing, they couldn't do enough for [family member]. A special chair was bought for [family member] so that [family member] could be taken to the chapel, which was really important to them. When they were unable to use the chair, the television in their room was connected to the chapel. [Family member] was then able to see all the services sitting in bed. All the carers were so kind, nothing was ever too much trouble for them, as for the sisters everything was done with so much loving care, for them it is not a job, it's their vocation, and that truly shines through in everything they do."

Staff were enthusiastic and devoted to ensuring people's exceptional care during their lives extended to their end of life care as well. Staff had attended training on end of life care. A member of staff told us, "One member of staff told us, "[Person] wanted to die here, and when they came out of hospital we took the end of life course. Now I am able to give end of life care. Comfort, likes and dislikes, when they cannot talk I look into their face for reactions to what I say. If they are in pain or discomfort I look into their eyes. If they are comfortable you see it in their face, the care and the love. Even when not working we go and read to them and play low music."

Is the service well-led?

Our findings

At our last inspection in July 2015, we rated this key question Good. At this inspection we found that the home had exceeded this rating. The registered manager had developed the service further, people were receiving exceptionally good care which was responsive to their needs and the home was very well -led. We rated the key questions of caring and responsive as outstanding and also the key question for well-led as outstanding. In line with our methodology the overall rating for this service is outstanding.

All of the feedback we received throughout the inspection was overwhelmingly positive with people and their relatives consistently telling us they were extremely pleased with the care and support they received. Montana Residential Home had a warm, tranquil and homely atmosphere, details of which were commented on by everyone we spoke with. One person said, "[Registered manager] is very proactive, passionate, organised and always on target and gives an air of good management." Another person told us, "Whenever I see [registered manager] she is very approachable, very kind and she is doing very well and keeps things running, you can talk to her one-to-one. She has high standards and is very quick if something needs correcting. She will tell them then talk to them and correct it very quickly."

A further 19 relatives and visitors took time immediately after our visit to contact us to tell us exactly how remarkable and wonderful the care was at Montana Residential Home. Everyone told us that the staff were amazing at their jobs but attributed this to the incredible leadership by the registered manager. People and their relatives told us they considered the home to be exceptionally well managed. One relative told us, "[Registered manager] is a dedicated carer and the well-being of [people] is always a matter of priority for her. To achieve the highest standard of care for [people], she ensures her support [staff] are well motivated, adequately trained and provided with every facility and equipment needed." Another relative told us, "I would come here myself. [Registered Manager] makes this a happy place for [people] and staff and families, she has an open door and you can talk to about anything or phone anytime."

We found the registered manager was a very friendly and approachable person who clearly had an extremely good rapport with people living at the home. She was highly knowledgeable of people as individuals and very respectful of them. On numerous occasions throughout our visit we saw the registered manager engaging with people through singing, dancing and above all lots of laughter.

Staff told us they were highly supported and it was clear they valued the support of the registered manager. One member of staff told us, "It is like a family, I love my work, staff all friendly and can say anything. We talk and discuss."

There was a very clear vision to deliver exceptionally high-quality care and support. The aim of the home was to value the diversity of the social, intellectual, physical, cultural and spiritual interests of people living at the home. People and their relatives told us they lived at a home that was person-centred, open, inclusive and empowering of their individuality. A member of staff told us, "She [registered manager] gives us time and talks to us. She sorts out any problems, anyone can approach her, she does not put things off and if we make a mistake she steps in to ensure it does not happen again and puts it in a good way so it does not

happen again."

The registered manager played a pivotal role in ensuring that standards of care were positively implemented at the home. The registered manager told us they worked to continuously improve people's experience and provide an increased quality of life for people who lived at the home based on the feedback that they regularly sought from people. People who lived at the home and their relatives were positively encouraged to comment on how the home could be improved. Following our last inspection and leading on from feedback the registered manager had introduced a drink/café area in the conservatory at the home. This was a quiet area where people could entertain their relatives and friends. One relative told us, "I [thought] about what they could do to improve [Montana Residential Home] after the last inspection and said we have tea, coffee and snacks available for visitors and if there are two or three of you visiting you can come into the conservatory and make drinks and be private."

People and their relatives were also able to provide and share their feedback using a large tree decoration that was placed on the wall in the entrance hall area of the home. The tree had branches and each contained one of the five key questions that we ask, do you think we are safe, effective, caring, responsive and well led? We saw that people, relatives and visitors had added their comments and feedback to each of the branches and that a second branch had been added to the caring section to accommodate all the positive comments received. Another wall decoration was a tree labelled the improvement tree. Here suggestions for improvements could be made. There were two on the tree, both with positive undertones, one reading 'there should be more homes like this'.

A member of staff told us about all the continuous improvements that had taken place at the home, "The changes [at Montana Residential Home] since the last inspection? We now have a drinks bar for the residents, coffee shop for visitors, circle dancing every month, pet dogs come in. We've also had more training on end of life care, dementia, health and safety and safeguarding."

The registered manager and staff were proactively supporting people to develop strong community links and had set up a volunteering group known as 'The Friends of Montana Residential Home'. The group consisted of people's relatives, relatives of people who had passed away following care at the home and members of the local community. The volunteering group was a big part of the home, we met volunteers during our visit and saw how they spent quality time with people to reduce the risk of social isolation and to share hobbies and interests. On our arrival at the home there was a volunteer sitting reading with a person who was being cared for in bed. Throughout the day other volunteers arrived to support people with a film morning and later going out for a walk into the village. One of the volunteers told us, "It is a family, they [registered manager and staff] care, staff all love [people]. [Registered manager] leads things brilliantly, the Sisters and the staff know what is expected, she arranges entertainment. [Volunteer] drives the mini bus, we volunteer because we are part of the family, [people] know and like us, it is home from home, you don't mind volunteering."

The registered manager had exceptionally good oversight of the home and promoted effective monitoring and accountability. A comprehensive range of audits and reviews in place which focused on positive outcomes for people. These were carried out in wide number of areas such as care planning, accidents and incidents, medicines, cold/hot weather management, infection control and complaints. Call bells were continually monitored and audited. The registered manager or staff recorded the details of every time a call bell was used to ensure it was responded to in a timely manner. People told they never had to wait for staff assistance when they needed it, "I've got a call bell and staff come immediately."

CCTV had recently been installed to monitor and improve the safety and security of all the people who used

the service. The cameras were situated externally of the home and within communal corridors. They were only installed after full consultation and in agreement both with staff and people who used the service, who had consented to the installation.

Monitoring of the service was very thorough. The registered manager described the quality assurance process that they used and that was in place. We were told that questionnaires were sent to people, their families and staff to complete. We saw copies of the questionnaires sent to people and their families as well as external stakeholders. The most recent survey had been carried out in early 2018 and a high number of positive comments and feedback had been received.

People received a high standard of care because the registered manager led by example and set high expectations of staff about the quality of care people should receive. Montana Residential Home provided an effective and exceptionally responsive and caring service, founded on evidence based practice. The registered manager kept herself up to date with current thinking and the latest developments in care and as well as management training, attended all training that staff to ensure that they had the required knowledge to deliver people's care. She also kept herself up to date through attending peer support meetings with other registered managers from the provider organisation as well as. We found the registered manager was committed to seeking new and imaginative solutions to meet the needs of people who lived at the home.

The registered manager worked effectively in partnership with other health and social care organisations to achieve better outcomes for people and improve quality of care and safety. These included the local commissioning teams, GP's and other therapists. We received feedback from several professionals who were all positive about their experience of working with the home. One healthcare professional told us, "All the staff are very caring, responsible, compassionate and very pleasant all the time. Staff always contact us if they have got a medical problem and seek appropriate help."

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

Providers are required to notify CQC of important events such as allegations of abuse, deaths or serious injuries. The registered manager demonstrated a good understanding of when to send notifications to CQC when we spoke with them. It is a legal requirement that a Provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the Provider had clearly displayed the last assessed rating.